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ABSTRACT

During the last three decades there has been growing dissatisfaction with remedial mental health approaches and a greater tendency to focus on primary prevention in mental health programs. A recent development in Canadian radio broadcasting is media psychology, whereby the masses are exposed to new attempts to disseminate psychoeducational information. The radio program "That's Living" is a preventative radio counseling program which increases the flow of information from the psychologist or psychiatrist to the general public. The program offers listeners what they want and what they need. Radio talk-back programs disseminate information, facilitate social networks, teach, advise, and simply communicate in a cost-effective manner. A concern about media psychology is that problems may be exploited or trivialized for entertainment value. Various talk-show hosts may be biased. However, most criticism revolves around the question of whether the medium should be considered therapy or counseling. Calls involve personal decision making, requests for expert opinions, explanations of professional matters, fulfilling a need for a listener, resource information, and analytic questions. The major role of the counselor is educational rather than therapeutic. Media psychology is here to stay and this has dramatic implications for the concepts of mental health services delivery and education. (ABL)

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Media Psychology: An application in the Canadian context

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ABSTRACT

Media Psychology: An application in
the Canadian Context

Recent developments in the area of media psychology in Canada are addressed in this paper. Specific attention is given to the use of a radio call-in program in the facilitation of life long education and the use of this medium to meet the mental health needs of individuals.

During the last three decades there has been growing dissatisfaction with remedial mental health approaches and a greater tendency to focus on primary prevention in mental health programs (Coleman, Butcher & Carlson, 1980; Neveson, 1987; Weiner, 1983). The general requirements for primary prevention programs are: 1) Group or mass oriented not targetted toward individuals; 2) Designed for well not already sick people; 3) Designed to promote psychological health and well being.

If current remedial or therapeutic counselling approaches are not adequately meeting society's need, we must direct our efforts to bridging the gap between mental health problems and counselling delivery systems. As early as 1957, Nunnally indicated that there were not enough mental health professionals to adequately perform the services which society needed. In 1986, the American Psychiatric Association President, Dr. Carol Nadelson, indicated that Canada has a problem of maldistribution which has resulted in a scarcity of trained mental health professions in some provinces. Therefore, we as Canadian health practitioners are faced with two important challenges: 1) How do we implement preventative mental health programs on a wider base, and 2) How do we increase the flow of information from the researcher or mental health professional to the general public. A recent development in Canadian radio broadcasting is media psychology, whereby the

masses are exposed to new attempts to disseminate psychoeducational information.

In September, 1982, an Edmonton radio station, 930 CJCA AM, first aired "THAT'S LIVING," a psychoeducational interractive radio program. Since its inception, the program has been very successful. In 1984 it was awarded the top public affairs radio program in Canada by the Canadian Association of Broadcasters. Each daily program is hosted by either a psychologist or psychiatrist. The format begins with a five-minute preamble on a predetermined topic after which listeners are invited to call with concerns related to that topic or any other personal concern. On occasion, two of the three regular hosts do a joint program or invite a guest who has expertise in a given area. The topics of the program range from psychoeducational and counselling issues to psychiatric psychosomatic and physical or medical issues. "That's Living," is a preventative counselling program which increases the flow of information from the professional to the general public.

When the historical growth patterns of the mass media in a society are examined, they can lead to some interesting revelations. Perhaps most importantly, they illustrate the extent to which the mass media has been a major element of societal change. That is, we can see how the media has been instrumental in reshaping the beliefs, values, and behavior of the population (Jowett & Hemmings, 1975).

Mass media has tended to provide its listeners with information they want, but not necessarily the kind they need (Cheong & Liat, 1978). However, it is evident from the data on the listenership ratings for "That's Living" that the program offers both what the listener wants and needs. According to the 1988 Bureau of Broadcast Measurement, the program attracts approximately 25,000 listeners per quarter hour. This is representative of the most popular type of programmming of all AM and FM radio stations in the city. In an attempt to enlighten the listeners and improve the quality of life, it is apparent that "That's Living" attracts a large listenership.

The importance of health education is acknowledged by almost all countries (Alcalay, 1983). It is also noted that there is universal concern with the cost of psychiatric care and how it will be delivered (Nadelson, 1986). In an attempt to continually evaluate and search for new avenues to meet the mental health of individuals, greater numbers of clinical and community psychologists, and psychiatrists are exploring the use of the media for disseminating information (Schwebel, 1982).

The potential of the mass media, in general as a vehicle for exerting positive influence has been widely discussed. Within the past five years there has been a proliferation of psychologists who appear both on television and on radio call-in shows in North America. The first

example of an explorative radio call-in show was "The Private Line" which featured guest psychiatrists, psychologists, and social workers (Bouhoutsos & Goodchilds & Huddy, 1986). This program, however, did not offer any advice on air since at that time, in the 1960's, it was unethical to five advice outside of a professional relationship. At this time, the American Psychological Association (APA) Code of Ethics prohibited giving personalized advice by radio or television program. In 1981, the APA Ethical Code was revised to allow for advice to be given by a radio or television psychologist given that the psychologist utilizes the most currently relevant data and exercises the highest level of professional judgment.

Specific to the medium of radio, a number of psychologist and psychiatric hosts have described their experience and the potential of that medium. These practitioners, without exception, view the radio call-in show as a powerful means of reaching a wide audience with useful information, expertise, and support. Schwebel (1982), for example described his role in assisting listeners and callers to cope with their difficulties as a facilitative one. Based on the assumptions that many people require support and direction in their decision-making and problem-solving and possess the ingredients for resolution

of their problems, Schwebel saw the media psychology link as having rich possibilities.

Many familiar counselling models do not fit as a therapeutic tool for psychology media call-in shows. Group therapy, psychotherapy, and primary prevention models do not exactly fit, but there are elements of each involved in media psychology. subsequently, the psychologists, and psychiatrists currently involved in media psychology are limited to imparting knowledge, keeping within a "brief counselling" structure, or psychoeducational model. When necessary, they encourage individuals to use community resources where they can further obtain more indepth counselling services.

Radio call-in shows vary in their format and approach. Some media psychology hosts have open-line shows with response to particular themes, invited guests, panel discussions, and some review research or talk about clinical experiences. "That's Living" follows an open-line format, imparting knowledge to and interacting with callers and listeners.

Radio talk-back programs such as "That's Living" also assist in transcending some of the problems of remoteness which rural listeners may face. It is an effective means by which adult educators and mental health professionals can disseminate information, facilitate social networks, teach, advise, and very simply just communicate. It is also a cost

effective means by which mental health information can be disseminated.

As with any new venture, media psychology is also subjected to criticism. One issue of major concern is that of the conflicting goals of psychology and the media, and the danger of exploiting or trinalizing problems for the entertainment value. Concern has also been expressed regarding the dissemination of biased opinions of various talk-show hosts. However, the advocates and practitioners of psychology talk shows have wisely not evaded the ethical and professional issues which have marked its development. For example, James (1983) suggested that in order to enhance the image of media psychology, psychologists be trained in communication skills with specific reference to disseminating information via the media. In response, the Association for Media Psychology has offered to assist psychologist already involved with media, by offering workshops to improve their communication skills. Bouhoutsos et al. (1986), conducted a study which examined the public's knowledge about, experience with, and attitudes toward radio call-in programs as well as the impact on the public's understanding of mental health issues. They found that only a small minority of the subjects expressed any concern about media psychology. Of those who did express concerns, the concerns were similar to those expressed by the public for non-media therapy.

Most criticism, of psychologists on-air center around the questions of whether that medium could be considered therapy or counseling. If that on-air relationship, albeit short and physically invisible, can be seen as a client-therapist relationship condition, all aspects of professional and ethical issues apply. The fact that psychologists are so keenly aware of their ethical responsibilities suggest that it can be legitimately seen as a counseling relationship, a form of brief therapy.

In our view, any form of communication with the public involves presentation of self and presentation of some information, whether it is research data, or opinion based on scholarly knowledge, or indeed personal views on any other issue. All conversations, even on matters removed from psychological content (if that is possible) arise out of past stored knowledges and experiences, a value system, a personal philosophy and present acquired knowledges and experiences. Therefore, psychologists engaged in any form of conversation, brief or not, respond on the basis of their acquired knowledge and experience base. Every encounter is relationship. Radio only broadens the effect. In essence, every psychologist engaged in any form of communication, presents an image of the person and the profession. Radio enhances that effect, to

be sure, and psychologists on-air need to be cautious in what they say and how they say it.

"That's Living" and Types of Listener Calls

"That's Living" encourages people to call in on any personal concern or problem. The callers do not identify themselves by name. An analysis of several hundred programs has shown that the average number of calls taken per 1 1/2 hours on-air is 8. Essentially, five to ten minutes is given to each caller.

By far most calls center on Personal-Decision-Making issues. Questions are asked about issues arising in marriage, work and family. Callers want another opinion, perhaps a re-framing of the issue presented. The second major type of call is a request for expert opinion. Callers hold certain views on choices they have made, but they would like a psychologist's opinion, or "expert view" on the matter. There is no request for advice, simply an opinion. They may agree or not, and the effect of our view on the issue is as yet an unknown factor. Nevertheless, listeners have not hesitated in calling in, and mail received suggests that they respect psychological views on personal matters. The third type of call is for explanation on technical or professional matters. In this regard, we have found that callers have consulted other health professionals and have been given technical information that they are unsure about. These may be questions concerning symptoms of a

psychopathology, a psychological term or phrase, or on the differentiation of psychology and psychiatry. The fourth case of call "simply" involves listening to the concerns and providing an empathic ear. We have found that other listeners call in and provide that needed support to each other. Empathic listening clearly is a need. Fifthly, callers ask for resource help. With the assistance of the Edmonton AID book, we have been able to provide callers with information on the variety of resource agencies available to the public. This is perhaps the most immediate practical service that we have been able to provide. Listeners have not been aware of the myriad of resources available to them free of charge. And lastly, callers have asked the co-hosts to provide an analysis of their personal concern. Analytic questions comprise the final major type of call and requires ability for quick thinking. Often, the request to analyze involves making predictive and prognostic statements. It is in this area that psychologists on-air need to be cautious and let the public know the basis of their analysis.

In a sense, it is impossible to see clear boundaries on the type of calls received. There will be overlap and the type of response required may be a matter of judgement on the part of the radio co-host. People seem to enjoy the program, not so much for the view or information presented, but for the personal situations and concerns shared with the public through the medium of radio.

Types of Responses Required on "That's Living"

It is a difficult task to analyze the work of on-air psychologists. Responses are immediate, with no time for reflection or consultation. No doubt the nature of the person on-air, his/her knowledges, experiences and personality determine the type and quality of the response. However, we will attempt to provide the reader with our current thinking on this issue. We see our major role as educational, more than "therapeutic". We prepare on certain topics and lecture briefly. We present research findings and theoretical as well as personal views on an issue. Thus, "That's Living" requires information-sharing and communication skills, broadly defined. Problem-solving skills are also used and required. Each co-host usually selects a problem-solving strategy or style that they are familiar and comfortable with. Without a doubt, all listeners and callers expect an empathic/congruence response from the co-hosts. Sharing, listening, sensing the emotion and reflecting on the caller's concern has built the on-air rapport that the co-hosts have portrayed. Without this type of response, the program would not have been able to continue for the years it has. Promotion of mental health practitioners and referral to resource agencies are the other major types of responses required. Co-hosts prepare themselves in advance so as to be able to provide an appropriate referral. Co-hosts have been careful to

promote all mental health groups. In addition to promotion of free public events of a psychological nature, co-hosts frequently invite colleagues as guests on-air to present their findings in their area of expertise. This type of response we call "expert consultation", in so far as these individuals represent their specialized knowledge and experience on a specific issue. When guests appear on-air with the psychologist or psychiatrist co-host, the topic is usually very specialized and calls are more specific to the theme presented.

Although different types of responses are required from caller to caller, some problems or issues presented require more than one type of response. The choice of response is up to the co-host and is determined largely by their training, education, experience and personality.

Listeners seem to have preference for certain styles and guests. That is not unusual not a controversial matter. With three co-hosts involved on "That's Living", and three different styles or approaches, more people can be effectively reached through this medium. No psychologist can know everything or think fast enough. But we have made it very clear the our goal is not to entertain. We want to be helpful and present a professional image that our colleagues and our association can be proud of. For now, we feel we have met this objective and we look to feedback from

our colleagues as to how we can improve not just our professional image, but our service to the public.

Media psychology is here to stay and this has dramatic implications for the concepts of mental health services delivery and lifelong education. The implications for mental health services delivery has already been noted. Although the concept of lifelong education is not new, there is a need for addressing the potential and actual problems in this area in a rapidly changing contemporary society.

Lifelong education depends on the transfer of information from one person to another, and this largely depends on a mass communications approach to disseminating information. Lifelong education includes nonformal, formal and informal patterns of education. Through it individuals seek to enhance personal, social, career and occupational changes and it is in this sphere that programs such as "That's Living" may have their greatest impact.

Research on the impact of programs like "That's Living" on this area is currently being analyzed and will be available for dissemination in the near future.

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